

New Hampshire Department of Transportation
Bureau Of Highway Maintenance

Compliance Evaluation Checklist
EIP-15-Form 15a

Date: _____ Facility ID: _____ EPA ID# _____ Auditor: _____

Address from IMP: _____ Town: _____

Weather Conditions: _____ Snow/Ice cover: Yes/No Interior Access: Yes/No

Facility Representative: _____
Print Name Signature

1) Regulated substances, Env-Wq 401 (Best Management Practices for Groundwater Protection)

- Are regulated substances stored on site?** Yes/No
- a. Are containers stored on an impervious surface? Yes/No
 - b. Is unauthorized access to containers prevented? Yes/No
 - c. Are weekly container inspections being performed and documented? Yes/No
 Checklist Posted Date of Last Inspection: _____
 - d. Is there ample aisle space available to allow for inspection? Yes/No
 - e. Are containers clearly labeled with chemical and trade name? Yes/No
 - f. Is release response information in immediate vicinity? Yes/No
 - g. Is spill containment equipment present? Yes/No
 - h. Are regulated containers stored outside? If so: Yes/No
 - I. Do outside containers have secondary containment? Yes/No NA
 - II. Are containers and the secondary containment kept under cover? Yes/No NA
 - III. Are containers at least 50' from surface water 50' from stormwater drains
 75' from a private well 150-400' from public water supply

↳ Corrective Action Plan(s) required: Y/N, If yes, list CAP Items from above:

2) Groundwater Protection, Env-Wq 402

- Are there any discharges to the ground surface, e.g., floor drains, holding tanks?** Yes/No
- a. Are the discharges registered with DES or the City prior to discharge? Yes/No NA
 - b. Is there testing prior to discharge? Yes/No NA
 - c. Floor drains: Discharges to a holding tank Discharges to city sewer

↳ Corrective Action Plan(s) required: Y/N, If yes, list CAP Items from above:

3) Above-ground Storage Tanks – Env-Wm 1402

- Are there any ASTs on site?** Yes/No
- a. Are ASTs properly labeled with 2" lettering, NFPA codes, tank #, safe fill height? Yes/No
 - b. Single tank >660 gal: multiple tanks incl. 55 gal. tanks >1,320 gal, registered with DES? Yes/No
 - c. Was there a recent DES audit? Yes/No
 - a. If so, are all action items completed? Yes/No NA
 - d. Is an SPCC Plan required? Yes/No
 - a. If so, is the SPCC Plan available on site (hard copy or electronically)? Yes/No NA

↳ Corrective Action Plan(s) required: Y/N, If yes, list CAP Items from above:

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4) Underground Storage Tanks – Env-Wm 1401 & 1404 **Are there USTs on Site: Yes/No**

a. Are UST monthly inspections being performed? Yes/No NA

b. Are the USTs registered with DES? Yes/No NA

c. Is there a current permit to operate? Yes/No NA

 d. If there was a DES inspection within the last **6 months**, are all action items completed? Yes/No NA

☞ Corrective Action Plan(s) required: Y/N, If yes, list CAP Items from above:

5) Hazardous Waste, Env-Hw 400-1100

Are hazardous wastes generated or stored on site? Yes/No

a. Is the site a SQG (including on site waste oil burning)? Yes/No

 i. SQG Self Cert. Form Completed and current with DES? Yes /No

 ii. SQG Fees Paid? Yes /No

 iii. Type(s) and amounts/month of HW generated:

Type	Max. Amount/Mo.
_____	_____
Type	Max. Amount/Mo.

b. Is the site a FQG? Yes/No

b. Does RIMS have current contact information? Yes/No

c. Quarterly reports filed and fees paid? Yes/No

d. Is the EPA ID # active, if waste is being generated, stored, or shipped? Yes/No NA

e. Manifests kept on site for 3 years? Yes/No NA

f. BOLs kept on site for 3 years? Yes/No NA

g. Quarterly reports on site for 3 years?

h. Does the facility generate *Used Oil for Recycle* (NHX1)? Yes/No NA

i. Where is the used oil for recycle used/burned? _____ Transported? _____

j. Used Oil Filters: Punctured & hot drained for 12 hours.

☞ Corrective Action Plan(s) Required: Y/N, If yes, list CAP Items from above:

6) Universal Waste Management, Env-Hw 1100

a. Is universal Waste (UW) generated or stored on site? If so, list types: Yes/No
List types: _____

b. Is Universal Waste stored longer than 1 year? Yes/No NA

c. Is the proper name for the UW and accumulation start date on label? Yes/No NA

d. Are containers closed? Yes/No NA

e. Is a Small qty generator self-cert. form completed for the site, if >11,000 lbs.? Yes/No NA

☞ Corrective Action Plan(s) Required: Y/N, If yes, list CAP Items from above:

Informational Materials:

Other (Use this space to document any other observed violations (e.g., sedimentation into a water body or wetland):